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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MIGRAINE.

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Of Middleport, O.

(Read before the Meigs and Mason Academy of
Medicine, and ordered to be published.)

Dunglison* defines migraine as "pain confined to one-half of the head," hence synonymous with hemicrania. Niemeyer gives to it a similar definition. Hemicrania is usually periodical, and commonly known as "sun-pain." But migraine, as defined by Anstie, Albutt and others, is synonymous with the phrase "sick-headache." To the closely observing practitioner the question naturally arises, are not those forms all one and the same disease, modified by temperament, habits, age, and the particular condition of the system at each time of the attack? That is to say, a person whom we would describe as of a bilious temperament will, with each attack, have nausea, vomiting of bile, etc., while one of a nervous temperament will simply suffer the head pain, with malaise, but no nausea.

Migrainous patients are those who suffer more or less frequently from pain in the head, usually confined to one side, sometimes to a small spot (clavus), or may be diffused over the entire head, but is usually confined to the branches of the fifth pair of cranial nerves, and may or may not be attended with chylopoietic visceral derangements. In the very severe cases there is generally more or less visceral disturbance.

* Dictionary.

Anstie defines it thus:* "Migraine may be described as a youthful neuralgia, tending for the most part to extinguish itself after passing through the transitional form, but occasionally proving to be only the first symptoms of formidable diseases, such as epilepsy, asthma, angina pectoris, or facial neuralgia of a more violent and persistent type." He believes† "migraine is a central disease affecting the medulla oblongata, and having thus an anatomical kinship, as well as hereditary and clinical connections with an important group of nervous diseases."

Again he says that it was first noticed by himself and confirmed by Eulenberg "that sick headache most frequently occurs in patients among whose ancestors *epilepsy* had made its appearance;" and further on, "I do not mean to say that a migrainous patient must at all necessarily have had a positively epileptic ancestor; but I think there is high probability that the essential groundwork of the migrainous disposition is an inherited imperfect organization of larger or smaller tracts of the medulla oblongata," and that it is accidental "whether the break-down of nervous health takes the form of migraine or epilepsy."

Such views, I think, are not now generally concurred in by the teachers of pathology, and some have already denominated this as merely "hypothetical." If we grant it to be fully true, our prognosis of migraine must of necessity be far more grave than our daily experience would at all warrant, and the number of persons of an epileptic or asthmatic dyscrasia would be increased ten-

* Practitioner, for Dec., 1872, p. 337.

† Loc. cit.

fold beyond what we know to be really the fact. What physician of experience would say to a patient, because he was the subject of migraine, that his nervous system was liable at any time to "burst into a storm of epileptic convulsions."

From the doctrine of the strictly nervous origin of the disease, Niemeyer, Albutt, Chambers, Dale, and others dissent. Niemeyer* argues that "it is even doubtful whether we are justified in classing it among the neuralgias, as is almost universally done." Clifford Albutt says,† "the more I see of migraine the more do I consent to the proposition that it is a neuralgia in point of origin and affinity, but also the more am I convinced of the essential part which is played in it by the abdominal viscera." He further denominates Anstie's theory as a mere "trigeminal hypothesis."

The ground taken by Albutt is probably quite correct, but the clinical aspect of many alone, while as many more show a history cases point to an origin in the chylipoietic of direct origin in the nerve centres.

That all cases have their origin in the nerve masses may be true, and that all visceral complications may be reflex, and therefore secondary to the primary lesion at the nerve root may be equally true, though not yet satisfactorily proven, but that it is akin to epilepsy, asthma, angina pectoris, etc., or really a disease of precisely the same class, I very sincerely doubt. That it is not a neuralgia, I am fully persuaded, any more than any other accidental pain constitutes a neuralgia. Its attacks are irregular and of uncertain duration, and moreover it is not relieved with any considerable degree of readiness or certainty by anti-neuralgic agents or its irregular return prevented by them. That the disease is generally of nervous origin I feel somewhat assured by the fact that many subjects of it do not suffer the visceral complications at all until the malady has become greatly aggravated, but simply the nervous pain with an ill-defined feeling of malaise, at the time and for a short period after relief from the acute suffering. Hammond‡ has expressed a similar view, by saying, "When nausea and vomiting do occur, it is commonly called sick-headache."

The visceral complications, however, are often so well marked and so prominent that

there is little surprise that the head-pain has been looked upon as only secondary to the chylipoietic symptoms. In most of these cases, however, if we trace their history back to their early commencement, we will quite invariably find that it recurred many times at irregular intervals, the pain being severe but not accompanied with the nausea and vomiting, and that it was only when the disease became of longer standing, the recurrence of the attacks more frequent and aggravated in severity and duration, so that the nervous system had become *enervated*, that the visceral symptoms have manifested their presence. Up to this time it was called nervous headache, but after this, sick-headache. Anstie, in substance, gives another statement of the management of these cases, as follows: a fact of interest in these cases is, that too often they are supposed to be caused by visceral derangements at the first onset, and therefore the stomach, liver, etc., each receive undue stimulation with drugs to cause them to act more nearly in accordance with the physician's or patient's notions of the laws of health, when in fact they are no more diseased than to that extent merely which is caused by nervous depression. But by repeatedly drugging these organs at first, they will become, sooner or later, subject to disorders, and will seem to require the wonted stimulants to aid them in throwing off accumulated secretions. Hence it is that older persons who have come up through the "days of calomel and blue mass" so often require a cholagogue cathartic, a strong stomachic, emetic or diuretic, for relief of these symptoms when present with the migraine, before the pain will subside. In other words, cases that were originally only nervous headache, have been changed into real sick-headache by a wrong course of drugging the stomach and liver.

Again, it is well known that the disease has its origin in over mental strain or excitement, and in many conditions that enervate the nervous system, and the case given by Clifford Albutt in reply to Anstie proves for that case a purely nervous origin, and that later, visceral symptoms became prominent. It is also true that in many cases of long established migraine certain articles of diet, or drinks, or any considerable indiscretion in the quantity eaten, will cause an attack, but close observation will in these find histories of over-gastric drugging,

* *Prac. Med.*, vol. 11, p. 296.

† *Practitioner*, Jan., 1873, p. 26.

‡ Hammond on Diseases of the Nervous System.

or an over-abstinence from fatty foods, or frequent gormandizing, producing debility and a species of inanition, thus adding weight to the nervous debility already caused by the disease itself.

To sum up a little, Anstie looks upon the disease as purely nervous in character; Albutt as *nervo-visceral*; Chambers and Dale as a visceral disease accompanied by pain in the head; Niemeyer doubts its strictly neurotic character; Hammond seems to indicate its neuralgic type; Dr. D. N. Kinsman,* of Ohio, himself a subject of migraine, believes it to be a purely neurotic disease, and that all visceral symptoms are secondary to its neurotic character.

The symptoms and differentiation of migraine are too well known to require description here. The prognosis is for the most part uncertain. Much will depend on the age, occupation, habits and hygienic surroundings of the patient. It may very often be gotten rid of by early and continued care in its management, and will usually leave the patient at about middle age unless some accidental cause arises to enervate the system and thus secure its continuance. If it become habitual after middle age it is less amenable to treatment and less apt to subside spontaneously. Females are by far the most subject to it, and not so apt to be relieved by treatment, nor is it as likely to take its departure without treatment; and this in consequence of the ever varying changes through which they are continually passing. A few cases in women are permanently relieved by marriage, while others have the disease greatly increased by that circumstance, and especially is this liable to be the case where the exhausting accidents of parturition occur in quick succession. Migraine rarely destroys life, but it sometimes impairs the vital forces sufficiently to render the subject an easy prey to other serious diseases.

The treatment is as varied in some respects as are the cases numerous that apply for relief. Slight attacks seldom send the patient to the physician unless they are of very frequent occurrence. We, therefore, have the more serious types to deal with, and that after it has become well established. Taking the view of its neurotic origin agents should be addressed to the nervous system. Here arises the want of a perfect understanding of its pathology. This fact, with

frequent idiosyncracies met with in these cases will cause us in most instances to simply "cut and try" at first what agents will be borne and afford relief. Far is it from all cases being relieved by the same agent, as what will relieve one will increase it with another.

In very many of these cases I have found prompt relief from either potass. bromide in two scruple doses every half hour, or this agent with one-eighth grain of morphia at the same interval for a few doses. The bromide of potass. is probably, for a majority of cases, our most reliable agent. But in cases where there is cerebral anemia this agent only increases the pain. In such instances caffeine is a better agent. Morphia will, with a few, prove to be the best remedy, but as a rule it is not admissible uncombined with the potass. brom. Belladonna, aconite, and cannabis ind. will each occasionally benefit a case.

Where nausea and vomiting occur with each attack the bromide commenced early will often prevent the culmination of these symptoms. In all cases quietude should be enjoined and a few hours' sleep secured if possible.

One case of mine is always relieved by the hypodermic use of morphia, and a number of others keep the bromide and morphia solution constantly at hand, others simply the bromide alone. Another finds prompt relief in the use of caffeine, while many others have not found any considerable relief in any agent or means yet resorted to.

In all cases the hot foot bath should be resorted to for a half-hour, into which mustard may be thrown with advantage. Generally in those not relieved some extraneous exciting cause exists, for which the subjects either refuse to use the means of treatment or use them so irregularly that they receive no benefit.

Often a pernicious habit must be left off, or the occupation or location changed, before any agents will prove of material benefit. In all cases strict care should be given to the habits, surroundings, occupation, in short, the patient should be brought under close observation for quite a period, and any causes observed removed, and the attacks combated from the start of them, and thus, after long patience and perseverance, success will crown the efforts for relief.

Anstie mentions the fact that some cases are aggravated and the continuance of the

* *The Clinic*, April 12, 1873, p. 169.

disease prolonged by the long avoidance of oleaginous articles of diet. In such cases he recommends a resumption of this class of articles and the use of cod-liver oil. In one of my cases, where the patient was the frequent subject of a distressing migraine, the oil morrhua was prescribed and long continued for other reasons than the disease in question. The migrainous attacks gradually became less frequent and less severe, and long before the remedy was discontinued quite ceased to come at all.

In cases attended with great nervous exhaustion phosphorus is one of our *most valuable agents*, and can well be given with the cod-liver oil. These two agents, to be effectual, should be continued for several months, especially the oil.

Where biliousness, foulness of stomach, or lack of renal secretion is present, these, of course, must be corrected, but these, in the vast majority of cases, should not be looked upon as the primary cause of the migraine.

MILK-SICKNESS, ITS CAUSES AND TREATMENT.

BY STEPHEN V. CROOKS, M. D.,

Of Lake, Indiana.

It has been my fortune to meet with a large number of these cases. Notwithstanding the obscurity surrounding the inciting cause of this disease, it is somewhat singular that a considerable portion of the profession have doubted its existence; the incredulity, however, being confined to city practitioners, and physicians whose labors are confined to the densely populated districts, hence it is not so remarkable after all that *they* should be skeptical as to the existence of the disease known as "Milk-sick." The same amount of evidence ought to be as convincing in this matter as in many other things, equally as little understood.

That there should be great discrepancy of opinion among those who profess to be familiar with the disease, and its cause, under what circumstances it is developed, kind of locality, etc., etc., is not surprising. It is to be expected, however, that the intelligent physician will not take this discrepancy as a basis upon which to found a rational and logical conclusion, for the most observant and scientific men, set to work upon a subject or principle of doubtful character, a subject not susceptible of mathematical demonstration, and they will bring forth a conge-

ries of inconsistencies that will defy all attempts to render practical; and much more so would be the case with that class of persons who have had least to do with the subject under consideration.

Country practitioners, not accustomed to arranging their observations with reference to a scientific basis or combination of facts leading to an inevitable conclusion, are not the best class of persons to found and impress a theory; still every reading and reflecting man need not be told there should be due allowance for want of that experience.

It would be well to remember also in this view, that most writers enter the field with some favorite theory to support, to do which they are likely to tax their ingenuity to the utmost tension.

And further, there might be an equal array of contradictory statements with reference to not a few of the recognized facts in the science of medicine.

What do we know as to the proximate causes of many diseases more than in this? What do we know as to the causes and laws regulating and propagating the various contagions? What do we know concerning that still, if possible, more mysterious agent called malaria? It is said to be a peculiar, indefinable, and inappreciable something that produces malarious fever; a form of fever the existence of which no one pretends to question.

Now, we can safely say the cause of the disease in question depends upon some peculiar, incomprehensible something, the result of which upon cows, hogs, horses, etc., is "*trembles*," "*tires*," and upon the human subject "*Milk-sickness*." These are evidently parallel cases; the one is as conclusively established as the other, resting upon the same unexplained and mysterious basis; and although their causes are vague and imperfectly understood, no one questions the effects attributable to their respective supposed causes.

My own practical observation in a country where it prevails, and information derived from a grandfather and father, both graduates, and their joint experience of about forty years in its treatment more or less every year, is evidence of the existence of a disease "*sui generis*" known as "*Milk-sickness*," which I cannot doubt.

That stock in grazing in certain localities contract "*trembles*," that milch cows will

impart it to their sucking calves, of which they will frequently die; that the flesh or milk of an animal imbued with this poison taken into the human system will produce the same effects as "trembles" or "tires," and often, in a more aggravated form, as inflammation of the stomach, excessive vomiting, with a train of symptoms and effects known as "*Milk-sickness*," are truths sustained in my mind by incontestable testimony.

Pathology. It appears, from those who have had an opportunity for post-mortem examinations, that this disease consists mainly in *Gastro-duodenitis*. And all the evidences and symptoms throughout the entire course of the disease go to confirm the existence of gastric inflammation, and that, too, of a specific character.

There are several evidences of the "*sui generis*" character of the gastric irritation, among which we might mention the fact that *alcoholic* stimulants agree with the patient in every stage of the disease. Indeed, stimulants are necessary in the treatment of the disease, as will hereafter appear, and this fact rather accords with the practice of administering alcoholic stimulants in the bites of venomous insects and reptiles, thereby corroborating the doctrine that the cause of the disease is an animal poison of a *peculiar* or specific character.

Symptoms. The ordinary symptoms of an acute or violent attack of the disease are not materially unlike those of gastritis. The patient complains of being restless and uneasy, unusual prostration, giddiness in the head, often muscular soreness, loss of appetite, and great aversion to muscular exercise. In the premonitory symptoms, the latter is the most prominent, and finally sickness and vomiting occur, with an indescribable, uneasy, burning sensation in the stomach.

The bowels are uniformly constipated, a condition that is overcome with great difficulty. These symptoms may all occur within the first twenty-four hours, but, more frequently, the disease is more insidious in its approach, the initiatory stage being a slight lassitude, loss of appetite, soreness of the muscles, little inclination to exercise, and *obstinate* constipation. This condition will not always terminate in sickness of the stomach and vomiting, but will occasionally pass off without either by the timely administration of the proper remedies,

among the most important of which, at this stage, is free purgation.

Treatment. When vomiting supervenes, as most likely it will in a large majority of cases, it is the prominent feature, and the allaying of the gastric disturbance the special indication.

Most writers lay down the relief of the constipation as the first indication to be fulfilled, and true, this is a matter of very great importance. But the difficulty of administering purgatives while the stomach is so irritable precludes the possibility of effecting free purgation until the excessive vomiting is somewhat arrested. It is therefore regarded by those most familiar with the disease, in my part of the country, that an effort to arrest the vomiting is the better practice.

Different practitioners have different modes of procedure, and various remedies upon which they rely. The most usual means are, blistering over the region of the stomach, the administration of sulph. morphia, hypodermically and endermically, and the free giving of alcoholic stimulants from its incipency. These means will, as a general thing, if not totally arrest the vomiting and the more violent gastric disturbance, abate them very much. During the truce, or temporary cessation of vomiting, Epsom salts and magnesiae calc. P. E. should be frequently given in doses of a tablespoonful as often as the stomach may seem to tolerate the medicine, until free operations upon the bowels shall have been obtained.

During this entire time I should give whisky to an intoxicating extent if possible. It is perfectly astounding what a quantity of stimulants a person laboring under a violent attack of this disease may take without producing any intoxicating effect. In the first stage of the treatment, of course, much of the whisky, as well as the other things, taken upon the stomach will be ejected; but the spirits should be continued after each act of vomiting until its general effects are very perceptible.

These two objects accomplished, the excessive irritation of the stomach allayed, patient freely purged, he is literally well, so far as ultimate danger is concerned, but left in an exceedingly prostrate condition; hence the diet should be light and nutritious.

The practice of administering calomel or

mercury, in any form, in this complaint, is generally abandoned by our physicians, unless there are other reasons aside from an uncomplicated attack. And, however incredible it may appear, it is nevertheless true, we no more expect to lose a patient from "*Milk-sick*," than a case from an attack of the ordinary chills and fever.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF WEST VIRGINIA.

The sixth annual session of the Medical Society of the State of West Virginia convened in the M. E. Church South, Parkersburg, West Virginia, on Wednesday, June 4th, 1873, at 2 o'clock, P. M.

The session was called to order by Dr. R. P. Davis, of Parkersburg, second Vice-President, and opened with prayer by Rev. F. B. Carroll.

After the roll was called, Dr. R. P. Davis, in feeling remarks, referred to the Society's calamity since its last session, in the death of its late President, Dr. Robert H. Cummins.

In the absence of Dr. W. J. Bates, chairman, the report of the Committee on Publication was read by Dr. Hupp, and on motion placed on file.

Dr. J. C. Hupp, of Wheeling, Treasurer, presented his report, showing the Society to be in a very healthy condition, financially.

Dr. S. L. Jepson, of Wheeling, read an elaborate report on New Remedies, which, on motion of Dr. M. S. Hall, of Ritchie county, was referred for publication.

In the absence of Dr. J. Pipes, his report on New Surgical Appliances was read by Dr. Jepson and referred for publication.

Drs. D. D. Steere, J. R. Lowry, and F. J. Elliott were admitted to membership.

Necrosis of the Thigh Bone, by Dr. J. T. Nicklin, of Tyler county, was read by Dr. Jepson. Four inches of the dead thigh bone, which Dr. Nicklin extracted from the patient's thigh, was before the Society for inspection. The patient recovered without lameness. The paper was referred for publication.

On the Process of Formation of New Bone, interesting and instructive remarks were made by Dr. John Frissell, of Wheeling, and others.

Dr. Isaac O. Broy, of Fetterman, read his essay on "The Mind Kills the Body," which was referred to the Committee on Publication.

Dr. J. C. Hupp offered the following, which was adopted:—

Whereas, It is important that this Society should definitely know the number constituting its membership, and whom and to what medical associations it sends delegates exchanges transactions, etc.; therefore,

Resolved, That the Secretary be required, hereafter, to report at every annual meeting:—1st. The number of members to date of his report, and the number of Honorary Fellows. 2d. The increase during the year. 3d. A list of those he has furnished credentials as delegates to other Medical Associations. 4th. A list of those he has furnished certificates of membership. 5th. The number of Medical Societies organized as auxiliary of this Society, and such additional official information as he may deem fit to lay before the Society.

Dr. E. A. Hildreth, of Wheeling, read his report on the Medical Botany of the State, which was referred for publication.

Dr. John Frissell, of Wheeling, read a voluntary paper, setting forth his views on *cephalic version*, and reported an illustrative case. He also read an interesting paper, giving very graphically his trials and triumphs in operations on cases of *certain forms of fistula*.

Dr. J. T. Nicklin made extended remarks on *cephalic version*, which were listened to with great interest and attention, as he claims priority in the operation to *all others*, having performed, with success, the operation for the first time at as early a date as November 27th, 1833.

Dr. M. S. Hall, of Ritchie county, stated his experience on the same subject.

A very animated and general discussion on this profoundly interesting subject followed, which was participated in by Dr. Reed, of Meigs county, Ohio, and the members generally.

Dr. Frissell's papers were referred to the Committee on Publication, with instructions that they appear in the published transactions.

Dr. Wesley H. Sharp, of Volcano, presented a volunteer report on diseases prevalent in and incident to Wood and Pleasants counties. The report, on motion of Dr. Jepson, was referred for publication.

Dr. H. W. Brock, of Morgantown, read a brief biographical sketch of the late Dr. F. C. Shepherd, of Bruceton Mills, Preston county, which was referred to the Committee on Publication.

Dr. Hildreth in the chair.

Dr. Rezin P. Davis, of Parkersburg, reported a case of injury to the skull and brain by "slung-shot," apparently slight when received, but followed by death. Ordered to be published.

Dr. Davis also reported verbally a case of injury from gunpowder, in which two pieces of wood, each two inches in length and more than one-sixteenth of an inch in thickness, were driven into the brain, and recovery followed. A request was made to prepare and furnish a full report for publication.

Standing committees were announced by the President.

Dr. M. Campbell was appointed a delegate to the Ohio State Medical Society.

Dr. G. Baird was appointed a delegate to the State Medical Society of Pennsylvania.

Essayists to report at the next meeting, Drs. H. W. Brock and L. C. Hunt.

Officers elected for the ensuing year.

President—Dr. M. S. Hall, of Ritchie county.

1st Vice President—Dr. A. L. Knight, of Mason county.

2d Vice President—Dr. T. A. Harris, of Brooke county.

3d Vice President—Dr. J. M. Cooper, of Wood county.

Secretary—Dr. Wm. M. Dent, of Preston county.

Treasurer—Dr. John C. Hupp, of Ohio county.

After appropriate remarks by the President, Dr. R. Davis, the Society adjourned to meet at Morgantown, on the second Wednesday of June, 1874, at 2 o'clock P. M.

BIOGRAPHY.

Baron Liebig.

Prof. C. A. Joy furnishes to *Cap and Gown* the following interesting review of the career of this great man, which will interest our readers, and is worthy of permanent record.

The death of Baron Liebig will create a profound sensation throughout the civilized world. No chemist of the present century was better known, and not one has contributed more abundantly to our knowledge of natural phenomena or has proved a greater benefactor to his race than this illustrious man, who, at the good old age of threescore years and ten, has just now been gathered to his fathers. The career of Liebig affords an apt illustration of the axiom that all great men are the architects of their own fortune. Born of very poor parents, at a time when science was not considered to be a career for any man to pursue as a profession, with no friends to encourage, no patron to sustain him; with everything against him, and nothing for him, he rose superior to his adverse circumstances and overcame all the obstacles that to nearly any other man would have proved insurmountable, and lived to become the most renowned chemist of his age. When a mere boy, in his native city of Darmstadt, his family were anxious to apprentice him to a trade, as it was impossible for them to furnish the means requisite to pursue a university course; but fortunately Government had set aside a small stipend for the instruction of such youths as were commended for their industry, and were too poor to go to school. Young Liebig applied to be put upon one of

these foundations, but he was so insignificant of stature, and so poorly clad, that the Minister of Education would not listen to him at first, and it was only by constant application that he fairly harassed that officer into granting him a subsidy. Thus by degrees, and under the most distressing cares of poverty, he was enabled to go through the high school and to enter the University. While he was at the gymnasium of Darmstadt the Director was in the habit of making the tour of the school and of asking the boys what they intended to be when they grew up. From young Liebig he received the invariable answer, "I intend to be a chemist;" and the Director would always say, "You stupid boy, there is no such profession as chemist." It was really true; and it was Liebig himself who was destined to found a school of chemistry, and make the science an avocation and a profession that any man might be proud to follow. In the spring of 1823, when just twenty years of age, Liebig went to Paris, where he hoped to obtain admission into the laboratory of the great French chemist Gay-Lussac. Without friends, without money, a mere stripling in age and appearance, the chances were of the most discouraging order. He did not despair, but found means to make an investigation into the true chemical constitution of Howard's Fulminates of Silver and Mercury, which research was deemed of sufficient importance to be read at a meeting of the French Institute. This event, which proved to be the turning point in the career of Liebig, occurred on the 28th of July, 1823. After the adjournment of the meeting, with cap in hand and with a longing desire for some word of approbation and some token of sympathy, the boy, for he was scarcely more, went forward to gather up the tubes in which were contained the specimens he had prepared to accompany the reading of the paper; and while thus engaged a man of noble appearance and affable bearing approached the table and drew him into conversation. The ingenuous student freely confided to the stranger his true condition and his wants. The stranger had just returned to Paris from a long journey, and few persons were aware of his presence in the city. He invited Liebig to dine with him on the following Thursday, but the bashful youth, ignorant of the customs of society, and too diffident to ask the name of his new friend, was unable to keep his appointment, as he did not know where to go. A few days subsequently he met a casual acquaintance, who at once upbraided him for not appearing at the dinner which Baron Von Humboldt had prepared for him, and to which had been invited the leading chemists of Paris. Liebig did not wait to hear more, but hurried to Von Humboldt's residence, to offer such apologies as were in his power. Seventeen years afterwards, when dedicating his first great work on Agricultural Chemistry to Von Humboldt, Liebig wrote:—"This interview was the

foundation of my future prosperity. I had gained for my scientific purposes a most powerful patron and friend. Unknown, without recommendation, in a city where the influx of so many men from all parts of the world offers the greatest obstacle to a nearer personal contact with the distinguished scientific residents of the metropolis, I should have been unnoticed, like many another in the multitude, and perhaps have sunk out of sight; but now my success was assured." Von Humboldt at once took him under his protection, introduced him to the leading chemists of Paris, and through this recommendation he obtained admission into Gay-Lussac's laboratory, and there made the acquaintance of Dumas, who had also come as a poor boy from Switzerland, and who remained his life-long friend, and now survives him as perpetual secretary of the French Institute, of which Liebig also became one of the eight foreign associates. Liebig's stay in Paris was not long, as he was invited to take a Professorship in the University of Giessen, and it was here that he laid the true foundation of his fame. There was at that time no school of chemistry in Europe. There were a few private laboratories where instruction could be obtained, but there was no school. It fell to Liebig's lot to be the real founder of laboratory practice. He built the first working laboratory in Germany, and established the first school of chemistry. If he had done no more his name would have been indissolubly connected with the revolution in modern science; for among his pupils are to be counted the most distinguished chemists of the world, and, as a teacher, his influence has been productive of untold advantage. But he did not stop here; he set the example of productive industry. One research after another was published in the journals, and by his popular writings he did more to disseminate a knowledge of agricultural chemistry, and of the laws of physiology, than any man who ever lived. The citizens of Giessen built and presented to him one of the handsomest residences in the town. The Grand Duke, in recognition of his services, raised him to the rank of Baron, and from all parts of the world insignia of honor were conferred upon him.

In 1852, after he had devoted nearly 30 years to the building up of modern chemistry, he received a call to go to Munich, there to found a new school. It was with great reluctance that he severed the ties that had bound him to the University which had first adopted him; but he felt that he was entitled to some rest from the severe labors attending upon laboratory instruction, and this consideration induced him to accept a new position where he could devote all of his time to private research, or to the ordinary lectures of the University. At Munich he only accepted a few private pupils who were far enough advanced to aid him in his researches; but, as in the meantime schools of chemistry had sprung up in all parts of Europe, there was ample

opportunity for students to pursue the path pointed out to them by the great master, and he could well be excused from the drudgery of teaching.

During the 20 years of his residence at Munich, Liebig has been like a husbandman gathering in the harvest of the crops that many years of careful tilling had brought to perfection. The seeds of invention and discovery, sown broadcast over the world by this investigator, had taken root, and the harvest was greater than any man could have foreseen. Instead of gathering all this store into his own garner, to enrich himself, his chief anxiety has been to make the world share in the benefits, and the last years of his life have been devoted to ameliorating the condition of the poor, by the introduction of cheap food, or by a dissemination of correct scientific information on the common affairs of life. Liebig combined the rare talent of original research with that of an eloquent and fluent writer.

He was one of the most felicitous authors in Germany. His celebrated "Letters on Chemistry" have never been excelled in any language, and even in translations they gained access to many nations, and are everywhere a household word. In the Catalogue of Scientific Papers, compiled and published by the Royal Society of London, the mere list of Liebig's contributions to Science covers nearly eleven large quarto pages of print, and embraces 317 titles. His first paper was on "A Peculiar Green Color;" his last had reference to fermentation, or the formation of muscular tissue.

During the last few years Liebig's health has been far from good. He broke one of his legs, a few years since, and the bone was never well knit, so that he was obliged to use a cane while walking, and the difficulty of getting about prevented him from taking enough exercise to maintain a good physical condition. As he had formerly been a man of active habit this confinement wore upon him, and proved excessively irksome, and it seriously interfered with laboratory work. The most intimate friend and constant correspondent of Liebig in Germany was Professor Woehler, of Göttingen, who, although several years his senior, still survives him. Those who know Woehler well often say that he is a more profoundly scientific man than Liebig, but he is less known to popular fame, and it would be invidious now to institute any comparison.

Among the distinguished pupils of Liebig in the United States may be mentioned Professor Whitney, Professor Gibbs, and Professor Horsford, of Harvard; Professor Johnson and Professor Brewer, of Yale; and Professor Rood, of Columbia.

No scientific man has bequeathed a greater legacy of benefits conferred, of work accomplished, of obstacles overcome, of more cheering encouragement, of a purer life, and of a more sincere love for his fellow man than Liebig. He lived for mankind, and has left behind him a record that shall endure as long as the world stands.

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EDITORIAL DEPARTMENT.

PERISCOPE.

The Employment of Ergot in Cancer.

In the *Obstetrical Journal*, for May, there is a report of Dr. MILNE's exposition of the treatment of uterine cancer.

Dr. MILNE referred to the caustic plan of treatment. He said that one of the foremost advantages of the method was the lesser tendency to a recurrence. Zandolphi and others had amply attested this. As regards the cause of this success, he thought it was owing to the caustic possessing, in addition to its corrosive property, an alterative and elective influence. Nitric acid and nitrate of silver are beneficial in chancre; they destroy the morbid part, and induce a healing sore. In like manner it is reasonable to suppose that certain powerful caustics may operate similarly in the case of a cancerous ulcer, not only severing the morbid part, but promoting a healthy cicatrix behind. Then they may penetrate and search out and destroy those deeper morbid cells which are removed some way from the parent tumor and which insure its recurrence. It was far from contended, even if certain kinds of caustics possessed the elective power, that they would invariably succeed in effecting a cure; for just as there had been recurrence after the spontaneous sphacelus of a malignant tumor, so would there be after the destruction effected by escharotics; but it was maintained that recurrence was rarer than by the method of excision. The caustics recommended by Dr. Milne were the chloride of zinc, the dried sulphate of zinc, and the nitrate of copper; and the cases suitable were all those of encephaloid, carcinoma, and epithelioma, where the cervix only was involved. Although one would not perform excision unless there was only a small portion of the cervix attacked by the growth (and indeed many surgeons refuse to operate unless in cauliflower excrescence of limited extent), the escharotic method might be resorted to, and with benefit, when the disease was much more extensive, and for the following reasons:—First, the caustic does not excite peritonitis like the knife, while it corrodes its way upward beyond the remotest part practicable by excision. Secondly, there is no dragging down of the uterus required, with its risks of collapse, etc. As regards the mode of application of the caustics, the dried sulphate of zinc was to be first used, being applied to the cervix pretty freely through the speculum, the vagina being immediately thereafter plugged with cotton wool tipped at the uterine end with a little olive oil. This was to be applied until a

slough came away, after which the cervix was to be injected with a saturated solution of nitrate of copper. This was done in order to attack any morbid cells lying beyond the sore from which the slough had separated. We might witness a healthy-looking sore after separation of the slough, but we were not to fold our arms and lapse into an easy contentment; for underneath the pretty-looking surface there might lurk the microscopic cells, sure guaranty of a fresh growth. No caustic seemed better adapted to elect, attack, and destroy these than nitrate of copper.

In reference to the function of ergot given internally in cancer, Dr. Milne observed that it had usually been administered, and with benefit, as a hemostatic; but he believed it had another effect, it led to the atrophy of the uterus. This was an original observation, which he claimed to have been the first to make. If it had the effect, and the author was convinced that it had, then its therapeutic power was greater than had been previously imagined, and could not but be viewed as of great value in uterine cancer. It was not only important to diminish the afflux of blood to the uterus, and thereby combat uterine congestion, a congestion present in malignant disease, but it was no less so to induce uterine atrophy. This atrophy was natural after the change of life, at which period cancer advanced more slowly; and if we could antedate it, it would be reasonable to suppose that the progress of the dire disease would be retarded. In point of fact he had found such to be the case. The ergot, he said, should be given for a protracted period, intermitting it occasionally, if any of the bad results named in books appeared. He had never found such, however. Dr. Milne, in conclusion, related his experience of the ergot and escharotic form of treatment. He had cured two cases of cauliflower excrescence, and in three medullary ones he had retarded the disease at least. In one of these he thought a permanent cure would be effected, while as regards the others there had been a diminution of pain, of bleeding, and of offensive discharge. These latter, moreover, would fail to kill so soon as under the old plan of treatment. Even though this latter result, viz., a postponing of the period of dissolution, was all that could be achieved, it was yet worthy of our most devoted efforts. The great drawback in uterine cancer was the late period at which it came under professional notice. Usually the whole cervix and contiguous parts were involved, and every form of treatment was thus debarred. But let it be seen when limited to a part only of the cervix, and there was every hope that the ergot and

caustic treatment would frequently cure, and often mitigate the more distressing symptoms while postponing death.

On the Treatment of Supposed Stricture of the Cervix Uteri.

Mr. WILLIAM CUMMING, F. R. C. P. E., Edinburgh, writes to the *British Medical Journal*:—

True stricture of the cervix uteri is rare; not so rare, certainly, as is stricture of the urethra in the male who has not had gonorrhœa, but nearly so. Incision of the cervix, or hysterotomy, therefore, for the cure of stricture, should be one of the rarest operations in obstetric surgery. But of late years it has not been so; and it may be a legitimate inquiry, what purpose it has served when the consequences seemed to sanction its use, which unquestionably they often do.

1. There may be, or rather there is often, a quasi-stricture at the internal os, when there is congestion, hypertrophy, or other disease of the lining membrane of the uterus. This condition is relieved temporarily, it may even be cured permanently, by the hemorrhage resulting from the incision. In my own experience, the relief generally is only temporary.

2. The same condition of quasi-stricture exists when there is hypertrophy of the body of the uterus, in many instances induced by the efforts to expel the clotted menstrual and the accumulating leucorrhœal discharges. In such cases, the hemorrhage, coupled with adequate general treatment, reduces the hypertrophy, prevents accumulation, and helps to restore the healthy state of the lining membrane, and so relieves the supposed stricture.

3. The preceding condition is almost invariably connected with enlargement and congestion of the ovaries, either as cause or as effect; and the same hemorrhage reduces and relieves this.

But the operation, if effectually and thoroughly performed, is one of very considerable risk, especially when followed by the introduction of sponge- or tangle-tents. The interesting mechanical, or rather dynamical, experiments of Dr. Matthews Duncan prove with what force these bodies act; and it is not difficult to estimate (if it were not sufficiently and disastrously confirmed by experience) the mischief that must in too many cases result from the laceration and irritation of the delicate textures cut into by the incision. How often this mischief has succeeded the operation, probably no one knows. Is, therefore, the operation altogether unjustifiable? I do not say so; but, as a cure of this quasi-stricture, it should be almost the rarest operation in surgery. Is it justifiable as a cure or relief of the conditions I have alluded to above? I believe not, for these reasons: 1. Because it does not, as a rule, either cure or more than temporarily relieve these morbid states; 2. Because it is always attended with danger; and that danger is increased the nearer the

incision approaches to the internal os and the various plexuses adjoining, where the supposed need for the operation exists; 3. Because there is a much more simple, and, in my opinion and experience, less dangerous treatment that may be employed with a larger probability of success. I cannot say utterly without risk, because every gynecologist knows that, while there are some uteri to which almost anything may be done with impunity, there are others to which nothing can be done without startling, even fatal, results. I have known the gentle introduction of a moderate sized bougie lead to violent metritis, extending to the appendages, and not recovering from without permanent mischief; and I have also been cognizant of the same leading to acute suppuration of the ovary. But these results are so rare that, except as warnings to be both preparatory and cautious, they need scarcely be taken into account; and my present belief is, that if the gentle depletion I am disposed to advocate were employed before using the bougie, such complications would, probably, never occur.

Assuming, therefore, that true stricture is extremely rare, and that incision of the os and cervix uteri, with subsequent dilatation by tents, is unnecessary, and may be, and often is, injurious, but that the hemorrhage resulting from it is beneficial, I have long practiced, with fair success, scarification of the os uteri, followed by dilatation with graduated bougies. By scarification the amount of blood abstracted can be limited; as much or as little can be taken away as is thought necessary (which with leeches cannot be done); congestion of the lining membrane of the womb and of the ovaries is relieved and the passages are relaxed. By this means the bougie is more easily introduced; certainly requires less force in its use; does not rouse or increase irritation of the canal and interior of the uterus, probably even soothes them; and if there be any deposition of lymph environing the cervix, facilitates its absorption.

It is satisfactory to observe that there is now a tendency to return to the more simple and less meddlesome treatment of uterine disease, and to discourage heroic modes, the details of which are sufficient to make one's hair stand on end.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Report of the Board of Health of the City and Port of Philadelphia, to the Mayor, for the Year 1872. Philadelphia, 1873, paper, pp. 123, 136.

This interesting report will be welcomed by all engaged in the compilation of vital statistics as a valuable contribution to that

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branch of scientific literature. One of the results it shows is that the system of registration is defective in many respects. The Board say they are convinced that the number of births reported fall short of the actual number about 20 per cent. The number of deaths were largely increased, owing principally to small-pox. This disease receives special attention in the Report, and the value of vaccination is triumphantly vindicated. In reference to virus, the Board states as their opinion that "humanized virus, if obtained from a typical vaccine vesicle, however far removed from the cow, is as efficacious as bovine virus itself (p. 69, Appendix). This position we have constantly maintained in this journal, against those interested in the sale of "non-humanized virus," who seek, in an inexcusable manner, to depreciate the value of that which is obtained from human subjects.

Consumption, as usual, takes the lead among the fatal diseases throughout the year, the deaths from it being about 12 per cent. This is slightly less, about one and a quarter per cent. less, than the average for previous years, and as much as two per cent. less than the average from 1807 to 1860. Possibly this diminution is more apparent than real, but the authors of the Report "are inclined to believe that the decrease represents an actual amelioration in the fatality of the disease." This opinion we also adopt, and believe it is owing chiefly to two causes, the greater facilities for change of climate afforded by modern means of locomotion, and the adoption of the supporting plan. Dr. Williams, in his last work on consumption, declares that these causes have certainly diminished deaths from consumption in England, and notably protracted the duration of the disease.

Cholera infantum was also very fatal, and the Board recommend the erection of camping grounds and country sanitariums for mothers and infants in the hot weather.

The numerous charts with which the Report is illustrated are admirably prepared, and add much to its interest. They represent the relation of weekly mortality from various diseases to the meteorological conditions etc. For these and most of the digests of the returns we are indebted to the able pen of Dr. WM. H. FORD, and for the very complete report on small-pox to Dr. W. M. WELSH, physician in charge of the Municipal Hospital.

The Mineral Springs of the United States and Canada, with Analyses and Notes on the Prominent Spas of Europe, and a list of Seaside Resorts. By GEO. E. WALTON, M.D., etc. New York, D. Appleton & Co., 1873. 8vo, pp. 390. For sale by Porter & Coates.

We welcome this book as the first attempt at a rational, scientific description of the mineral springs of our country, free from local bias and the suspicion of advertising either the author or any particular springs. It is a work which has long been needed, and which Dr. WALTON, considering the difficulties he has had to encounter in the way of getting correct information, has surprisingly well done.

After a brief historical sketch of the mineral waters famed of old, and of bathing in general, he defines the various kinds of springs, and enters into the debated question of the classification and therapeutic action of mineral waters. The main headings he adopts in classifying springs are alkaline, saline, sulphur, chalybeate, purgative, calcic, and thermal waters. This is far from a satisfactory arrangement, as thermal waters may embrace either of the other varieties, and the temperature of water itself is very variable; moreover, it is a mixed, partly chemical, partly thermometrical, partly medicinal classification, inferior to either the German or French.

In reference to action he agrees with Trousseau, Donné, and most other writers, that there is a positive efficiency in mineral waters, sometimes entirely inexplicable by any laws yet discovered of the action of their constituents. The chapter on therapeutics is carefully compiled from the best Continental authorities, and while positive in tone does not go too far. There is an air of exaggeration, often gross and repulsive, about most circulars, and even works on mineral water, which our author rightly condemns and wisely avoids.

The various springs are catalogued under the classification given above, and under each is given its location, post-office, means of access, name of the hotel or hotels, analysis, when any has been made, and brief remarks on its history and special characteristics.

The last two chapters on European Spas and seaside resorts would have been better omitted altogether, as they are meagre, and their place is already supplied by far more full works, easy of access in every library.

Several maps and a good index add materially to the usefulness of the book.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 12, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

WORK AND AGE.

We have already referred, in the REPORTER, to the highly interesting researches which Dr. GEO. M. BEARD, of New York City, has been making in reference to the relation of work to old age. This general question is to be made the subject of a volume by him in the near future, and some of his results he has anticipated in the address we previously commented upon, and, also, in an essay read before the New York Medico-Legal Society, on "Legal Responsibility in Old Age." In this latter paper he rehearses the general ground of his thesis, and answers some of the objections which have been urged against it.

The position Dr. BEARD maintains, he remarks, "is in the highest degree unpopular," but, notwithstanding this, he takes evident pride in adding, "no one has yet pointed out serious error in the calculations." What he urges is, briefly, as our readers may remember, that the mental powers decay *pari passu* with the physical ones; that increasing years beyond two score are but increasing senility, in an intellectual sense, and that advancing age is associated as the law with mental weakening, or, to let him state his propositions in his own words:—

"The broad fact, then, to which statistics lead us is that the brain follows the same line of growth, maturity, and decay as the rest of the body; that the nervous, muscular, and osseous systems rise, remain and fall together, and that the received opinion that the mind, of which the brain is the organ, develops and matures later than the power of motion, or of physical labor and endurance, is not sustained by the facts of history."

Now, is this simply the reiteration of a truism, or is it the announcement of a psychical discovery of importance? Nothing is more familiar than the second childhood of the very aged, and the failing powers that presage its advent. Certainly, this is not what Dr. BEARD wishes to emphasize. No; he gives the following table as the

"GENERAL RESULTS OF THE INVESTIGATION.

The golden decade	is between 30 and 40
The silver	" " 40 " 50
The brazen	" " 20 " 30
The iron	" " 50 " 60
The tin	" " 60 " 70
The wooden	" " 70 " 80

Seventy per cent. of the work of the world is done before 45, and eighty per cent. before 50. The golden decade represents about twenty-five per cent. more dates than the silver. The difference between the first and second half of the golden decade is but slight. The golden decade alone represents nearly one-third of the work of the world.

The best period of fifteen years is between 30 and 45. Over one thousand dates are found between 35 and 45. The advantage of the brazen over the iron decade, of 20 and 30 over 50 and 60, is very striking, and will cause surprise.

There is considerably more work done between 30 and 40 than between 40 and 45."

He is right. This is "very striking, and will cause surprise," if from these premises his conclusions are allowable. Let us hear how he has constructed the above table:—

"I have prepared a list embracing nearly all of the greatest names of history, whose lives are recorded in sufficient detail to be of value in such an investigation, and have noted the age at which they did the original work by which they have gained their fame.

I have noted the ages at which philosophers have founded and announced their systems; at which divines and religious teachers have originated their creeds, and have been most effective as preachers; at which statesmen have unfolded their highest acts of legislation, of diplomacy, and reform; at which men of science have made their greatest discoveries, and written their best works; at which generals and admirals have gained their greatest victories, and carried on their most successful campaigns; at which lawyers have led the bar, and physicians made their explorations in medicine, and artists have painted their masterpieces; at which musicians have composed and performed their most illustrious creations; at which architects and engineers have planned and executed the greatest monuments to their memories; at which actors and orators have been at the zenith of their power, and at which teachers and professors have led eras in the service of education. From these data, which, though not absolutely exhaustive, are sufficiently so for a final and convincing settlement of the questions involved, I have derived the period, the decade and year of maximum productiveness, and the various grades."

As Dr. BEARD very justly remarks, this is not a question of emotion or of sensitiveness, but of fact; no matter how unpalatable the news that we are all likely to go backward after our eighth quinquennial, if it is so, by all means let us know it. We accept at once Dr. BEARD's historical labor as accurate, and on the basis of his own figures, given above, we shall examine his argument. It is, to our mind, an instance, of the most striking kind, of that lack of logical principles in the management of statistics which we commented upon in an editorial on the importance of metaphysical training a few weeks ago.

Let us take his statements one by one. The dates in life of the above mentioned greatest achievements of single lives he has marked down, say in a thousand eminent instances, and he finds that "the golden decade (30 to 40) represents about twenty-five per cent. more than the silver." Does this, indeed, show that men between 30 and 40

are more capable than between 40 and 50? Dr. BEARD says so, and supposes that this fact itself proves it. But he leaves out of account one most important consideration. He fails altogether to correct his dates by the tables of mortality.

There are not so many men living in later as in earlier life; and the proportion is not a simple one of work to age, but a double or compound one of work to age, and of age to mortality. To take a homely comparison: if we say, "Seventy-five per cent. of the dinners in the world are eaten by persons under fifty," we state an approximate fact, but it does not justify us in drawing gloomy conclusions of the failure of the dinner-eating power after that age, the true cause being simply that 75 per cent. of those born die before fifty.

To apply this test to Dr. BEARD's figures. According to the statistics compiled by Dr. Edward Jarvis of 1000 persons born in France there live

To 20 years.....	630
To 40 "	465
To 60 "	205

In Belgium, of 1000 there live

To 20 years.....	534
To 40 "	409
To 60 "	272

In England, of 1000 there live

To 20 years.....	663
To 40 "	538
To 60 "	368

The mean number of persons living in these three countries between the ages of 20 and 40 is 539, against only 341 living between 40 and 60 years of age. Hence, if the amount of work done by those past 40 was exactly equal in each individual instance to that done by each between 20 and 40, the younger men would still do considerably more than sixty per cent. of the work, because their number is greater. Dr. BEARD does not give in figures the "advantages of the brazen over the iron decade," which, he says, "will cause surprise." Relatively to the number living, if they all work equally and with equal powers, the former should do nearly three times as much. Making this correc-

tion. Dr. BEARD's figures rather prove the increased activity and fruitfulness of the older minds. For we must remember that in practical life very generally after fifty the great stimulus to exertion, necessity, is removed, and many able to produce do not so, as they do not care to labor. Then, too, in eminent men, the social calls upon their time are incomparably greater in age than in their obscure youth, and they have not so much leisure to work. Physical infirmity harasses them more, and often unavoidable private cares of property and relatives rob them of their hours. All these drawbacks considered and allowed for in the estimate, we are prepared to turn Dr. BEARD's figures against his own theory. He asserts that 25 per cent. of the work of the world is done after forty-five; we say this proves that those who survive beyond that age have not less but more active minds, and accomplish more in proportion to their numbers than those of younger years.

We have taken these pains to show the error of his position and the groundlessness of his theory, because we recognize in it the scientific side of that morbid materialism which finds such strong expression in modern literature, notably in the poetic works of Matthew Arnold and William Morris, the two most eminent of England's later bards. The gloomiest ode of Anacreon—and who is gloomier at times than was that wonderful and joyous old man?—does not surpass these singers in depicting

"The abhorred approaches of old age."

Sad enough are the physical ills that surround it, grievous enough the thought of the clouds that darken its extreme verge; terrible enough the unguessed possibilities of the future, without adding to these burdens by fancied ills.

We cannot, indeed, to quote a famous line of Racine,
"Reparer des années les irréparables outrages,"
but we need not, therefore, overcast our earlier years with baseless anticipations of

premature senility, but rather we are justified, both by sound anatomical teaching and the lessons of history, in saying it is perfectly possible for us, if we choose,

"To have our life
Mellowed and softened as with sunset glow,
A golden day's decline."

THE CONTEST AT JEFFERSON COLLEGE—CONCOURS.

At the recent meeting of the Board of Trustees of Jefferson Medical College, the effort to elect a successor to Prof. PANCOAST proved a failure. Several candidates were voted for, of whom, we understand, Drs. KEEN and FORBES proved to be the strongest. The election is now put off until fall, and possibly longer.

We take the opportunity of again protesting against our system of appointment to positions of this kind. It is altogether vicious and wrong. Our Boards of Trustees are generally constituted of clergymen, lawyers, and other respectable gentlemen, who are not qualified to judge of the merits of opposing candidates, and must either depend entirely on the judgment of others, or be influenced by considerations of friendship, kinship, or the weight of influence, social, political, or otherwise, brought to bear on them. These positions should always be given to those *best qualified to fill them*, apart from almost any other consideration. In other words, the system of public concours should be established, and those who aspire to fill professors' chairs in our medical colleges should be required to pass a rigid examination conducted by competent persons in the presence, if you please, of the Board of Trustees, and the position accorded to the best man.

But, taking things as they are, we hold that the medical profession and its recognized organs of opinion should express themselves unreservedly on so important a matter. It is of great consequence to the general interests of medicine, and not merely to a board of lay trustees, who fills a chair

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in a prominent medical school. Our cotemporary, the *Medical Times*, of this city, seems, however, to be of another mind, and claims that it is the "business of the Board of Trustees," and administers a rebuke to us for presuming to express an opinion on the subject! For better or for worse, the MEDICAL AND SURGICAL REPORTER has acquired a constituency among the alumni of the schools of this city, and of other medical schools in every section of our broad land, which would seem to indicate that it can, without presumption, claim to be, in some degree at least, a representative of professional opinion. The matter of the extent of our "influence" our cotemporary is welcome to discuss. We do not propose to take part in it. But we certainly have opinions of our own, and believe that it is our duty as well as our privilege to express them. For twenty-five years the REPORTER has never hesitated to speak its mind on professional subjects in an independent manner, and the habit has so grown upon it that it is most likely it will persist in so doing. No one has ever dared, because they had nothing to base it on, to charge us with partiality or self-seeking in pursuing such a course; and we propose in the future, as we have in the past, to speak our minds on all subjects of interest or importance to the medical profession in a perfectly independent manner, and with a single eye to the good of the whole. We have had sufficient evidence from the profession, and from our boards of management, to sustain us in this course, even if that were the only consideration to guide us.

NOTES AND COMMENTS.

Case of Reasoning in a Dog.

Scribner's Monthly copies from *Nature and Science* an item on "Reason in Animals." It is the "tale of a dog," which in its youth was like Daniel Webster, remarkably stupid, only Webster was a stupid boy and this was a stupid dog. However, the dog's faculties developed. She used her opportunities. A

number of minor examples of her intelligence are given. We copy the crowning one:—

"Nellie always comes down the hall-stairway to meet her master on his return home, and after greeting him races off to the front room for his slippers, and brings them to the head of the stairway. A recent attack of illness having confined her master to the house for a couple of weeks, Nellie was in high glee until he went out for the first time after convalescing, when she was greatly distressed, and watched him from the open window as long as he was in sight; when he finally disappeared she gave a despairing yelp, and racing off to the place where the slippers were kept, snatched one in her mouth, and, leaping on a chair, held it out of the window as far as she could reach, and whined piteously, evidently hoping that if the master saw the slipper it would induce him to return. In this instance there is certainly nothing satisfactory in resorting to instinct for an explanation; the act was evidently the result of a true reasoning process, prompted not by greed but by an almost human affection and attachment."

Pregnancy after Ovariectomy.

Dr. F. Marzolo adds another to the list of cases in which pregnancy has occurred after ovariectomy. The subject, a woman aged thirty-three, had the left ovary removed in July, 1871, and was discharged cured a month afterwards. At the time when Dr. Marzolo wrote, parturition had not yet taken place, but the movements of the fetus, the sounds of its heart, the placental *souffle*, and all the other signs of pregnancy—apparently of the seventh month—were distinctly present.

The Epidemic Influence in 1873.

Dr. E. M. SNOW, Registrar of Providence, makes, in his last monthly report, the following pregnant remarks:—

It will be noticed that the whole number of deaths, during the first five months of the present year, was 136 greater than in the corresponding period of 1872, and 214 more than the average for the five years preceding the present. In each month of the present year the number of deaths has been considerably greater than in the corresponding months of any previous year in the history of registration in the city.

This increase of mortality is general in all

our cities, and must be ascribed to some generally prevalent or epidemic cause. The increase seems to affect all ages and conditions of people, and to be especially in contagious and infectious diseases. The number of deaths in May was unusually large from measles, spotted fever, old age, pneumonia, and scarlatina. The number of deaths of colored persons was twice as large as in any preceding month of the present year.

Fibrin as a Dietetic.

Dr. GOODMAN, writing to the *British Medical Journal*, says that artificial fibrin is an admirable dietetic substance, being unparalleled for lightness and digestibility, and a great delicacy besides. It is obtained by exposing albuminous material to the action of cold water for a time, the hen's egg, from its great abundance, being the most suitable source of the albumen. When the contents of an egg are immersed in cold water for twelve hours or thereabouts, they undergo a chemico-molecular change, becoming solid and insoluble; a change indicated by the opaque and snowy whiteness of the white. The action of heat to the boiling point is now brought into the process, and the fibrin is then ready for use. In cases of deficient nutrition and rejection of food, Dr. Goodman says this artificial fibrin is of the greatest service, as the weakest stomach is able to retain it, and its use appears to promote the appetite for food.


Information Wanted.

Circulars calling for information for the MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES are being rapidly sent out, and this portion of the labor will soon be completed. It is earnestly desired that the responses be as prompt and as full as possible. *It is important to physicians, who have any education or standing, that they appear properly on this record, as the work will be one of permanent value, and will be constantly referred to.* The forms containing the Directory of the first set of eleven States and Territories (Alabama to Georgia, alphabetically, inclusive), are now in the hands of the printer, and there are but a few days in which information can be inserted in those pages.

Officers of public medical institutions of all kinds, hospitals, asylums, dispensaries, colleges, medical societies, etc., are particularly requested to furnish us with lists, cata-

logues, announcements, etc., in order to give brief histories of these institutions, and for use in perfecting the REGISTER AND DIRECTORY in all its parts.

It is intended that the work shall be exhaustive, and as nearly correct as may be, and it will be issued as speedily as possible; but the labor is immense, and the work is delayed by the want of promptitude in receiving replies to circulars and letters.

 MEDICAL JOURNALS PLEASE NOTICE.

CORRESPONDENCE.

Review of a Case of Disputed Diagnosis.

EDS. MED. AND SURG. REPORTER:—

I have just finished reading Dr. Graves' review of a case in practice, reported Feb. 8th, 1873, by Dr. J. H. Thompson, of Goshen, N. Y.

The reviewer seems to animadvert upon the treatment instituted by the Doctor upon the assumption that the indications were those of *passive* congestion of the brain, caused by over-indulgence in eating. But the fact that the patient partook of his usual, though hearty, breakfast, and then proceeded to his business for the day, manifesting no special gastric disturbance, does not seem to afford sufficient data for the establishment of such a diagnosis.

The mixed character of the symptoms make it probable that the vessels of the cerebral as well as the meningeal tissues were congested, and, therefore, the exhibition of brom. potass., if it possesses the power claimed for it, that of producing contraction of the inter-cranial vessels, was proper. Chloral and morphine would not meet the approval of the profession under such circumstances, although they seem to have been given when the case was apparently hopeless. Dr. G. is careful not to say what would have been his treatment had he been called to the case, but it is fair to suppose that he would have prescribed an emetic, to get rid of the unfortunate breakfast of the day before, and then to have adopted some means of stimulating the vaso-motor nerves. To this end he might have resorted to galvanization of the sympathetic, together with other general stimulation. Now, suppose the case had proved fatal under his care, it would have been equally easy for others to claim that he had mistaken for *passive* a case of *active* cerebral congestion, and instead of resorting to depletion, and other means calculated to relieve the congested vessels, as evidenced by the "full, bounding pulse," he subjects his patient to the danger of increased fullness of the vessels of the head incident to the act of vomiting; then, as if this was not enough to render the case fatal, he goads the heart to still more powerful action by subsequent stimulation.

Dr. Graves thinks this could not possibly have been a case of *Cerebro-spinal Meningeal*.

gitis. Now I happen to have attended a case where a young man went to bed at night, feeling unwell. He was found in the morning speechless, in a heavy sleep, from which it was impossible to arouse him. His pulse was not frequent; there was some heat of the head, and the extremities were cold. This condition lasted twenty-four hours, and constituted the congestive stage of the disease, which was soon followed by frequent pulse, hot skin, intense pain in the head and back, and delirium, with constant moaning. The muscles of the spine became so much contracted as to resemble *opisthotonos*, especially the upper half. He convalesced at the end of a week, remaining better for two or three days; then had a relapse, and he finally died, three weeks from the outset of the disease.

Now, there is not a shadow of a doubt that this was a case of *Cerebro-spinal Meningitis*; but, suppose the patient had died during the congestive period, Dr. G. would have questioned the correctness of the diagnosis with as much propriety as he has in the case of Dr. Thompson's.

Yours,

S. G. CARPENTER, M. D.

Chester, N. Y., May, 1873.

Examples of Longevity.

EDS. MED. AND SURG. REPORTER:—

I see occasional notices in your journal of centenarians. We have in this, McMinn county, residing four miles from Athens, a man, named Christy Baker, who is one hundred and five years of age, established by record in family Bible, possessed by his brother's family in Virginia, a copy of which he wrote for not long since. A Mr. Cocherhan, a revolutionary soldier, died in this county since the late war, at. one hundred and four years. He was true to the old flag during the rebellion, berating the rebels whenever he saw them. On one occasion, when they threatened him, he tried to get hold of his gun, which his family prevented. Also, a few years since, in this county, a Mr. Wear died, at. one hundred and two years. He was deaf and nearly blind for many years before his death, and very imbecile. In Hawkins county, where the writer was born, a Mr. Wheeler died several years ago, at. one hundred and eleven years. A few months since, Joseph Lamb died on Clinch Mountain, in Hawkins county, about fifteen miles from Rogersville, where he was well known, who claimed to have held horses at Braddock's defeat! (more than a hundred years ago.) Mr. Lamb was an illiterate man, and had no family record to refer to, but he was certainly a very old man at the time of his decease. The oldest citizens of Hawkins county, octogenarians, of whom the writer's father is one, say he was apparently past middle life about the beginning of the second decade of this century. The writer does not remember to have seen him for more than thirty years, yet when he last met him

he impressed him as the oldest looking man he ever saw. Joseph Lamb was as remarkable for his honesty and other eccentricities as great longevity. It is believed, by those who knew him for more than a quarter of a century, that he never failed to redeem a promise, or was ever suspected of a dishonest act. His very name, in the locality where he resided, was the synonym for probity. It is not uncommon in Hawkins county to hear the remark made of a man who is noted for sterling integrity, "He is as honest as Joseph Lamb." Is it probable that Joseph Lamb would have lied about his age? If he held horses at "Braddock's defeat" he must have been, at his death, in 1872, about one hundred and thirty years of age. FLEXICAN.

Athens, East Tennessee.

Discountenance Traveling Doctors.

EDS. MED. AND SURG. REPORTER:—

As you solicit information of Medical organizations, we take pleasure in saying that on May 12th the physicians of our county met and organized the Union County Practitioners' Association, adopting Constitution and By-laws, and electing officers for ensuing year. Among the resolutions was one bearing directly upon traveling quack nostrum venders, who pass through our country about twice a year distributing their secret preparations for all the ills that flesh is heir to.

Be it further Resolved, That the members of this organization will neither professionally countenance aid or council with persons claiming to be physicians, who advertise secret nostrums, or deal in secret remedies, or practice quackery upon the credulity of their patients, or hunt down invalids with boastful certificates of cures for all. Neither will we take charge of any patient who is duped by such professional quack while under his advice or treatment.

O. P. GREENWOOD, *President*.

J. H. PINSON, *Secretary*.

El Dorado, Ark., May 18, 1873.

NEWS AND MISCELLANY.

Medico-Chirurgical Society of Philadelphia.

At the Annual Business Meeting of the Medico-Chirurgical Society, held June 24th, 1873, the following officers were elected:—

President—I. S. Eshleman, M. D.

1st Vice President—Wm. T. Taylor, M.D.

2d Vice President—A. G. Reed, M. D.

Recording Secretary and Treasurer—J. W. Millick, M. D.

Assistant and Corresponding Secretary—

R. S. McComb, M. D.

Councillor, for 5 years—E. P. Bernardy.

The Professorship in the Jefferson Medical College.

The Trustees, unable to agree upon a successor to Prof. PANCOAST, have adjourned the selection to October next.

Establishment of a Medical Department in the California State University.

At a meeting of the Board of Regents of this institution last month, Mr. Haight, from the Advisory Committee, introduced the following resolutions, which were adopted:—

Resolved, That the following gentlemen be invited to Professorships in the medical department: Dr. T. M. Logan, of Sacramento, President of the American Medical Association and Secretary of the California State Board of Health, to be Professor of Hygiene; Dr. G. A. Shurtleff, of Stockton, Superintendent of the State Hospital for the Insane, to be Professor of Mental Diseases and Medical Jurisprudence; Dr. A. B. Stout, of San Francisco, to be Professor of Surgery, and Dr. Hatch, of Sacramento, to be Professor of Materia Medica.

We understand Dr. Logan has accepted.

Harvard University—Changes, Etc.

Charles R. Porter, M. D., now demonstrator, to be assistant instructor in surgery; Charles J. Blake, M. D., and J. Orne Greenough, M. D., and E. Wigglesworth, M. D., lecturers on syphilis; James E. Chadwick, M. D., lecturer on the diseases of women; Charles P. Putnam, M. D., lecturer on the diseases of children; James I. Putnam, M. D., lecturer on the application of electricity in nervous diseases.

Personal.

Miss Dr. Frances A. Rutherford is Fourth Vice President of the Michigan State Medical Society. She attended the recent session of the State Medical Society at Saginaw City. It is believed that this is the first instance of a woman's holding such a position in such a society in this country. Miss Rutherford is a graduate of a Philadelphia Medical College.

American Public Health Association.

In our Report of this Association we gave the time of the next meeting incorrectly. It meets at Providence, R. I., the second Wednesday of September next.

American Medical Association.

The minutes of the last session are now ready in pamphlet form. Price fifty cents. Address Dr. W. B. ATKINSON, 1400 Pine street, Philadelphia, *Permanent Secretary*.

OBITUARY.

DEATH OF DR. S. D. MOSES.

SAMUEL D. MOSES, M.D., died at Knoxville, Tenn., on Monday, June 16th, 1873, in the 47th year of his age. Deceased was a native of Exeter, N. H. He graduated at Williams College, Mass., and came to Tennessee in 1850. Engaged in teaching for some

years in Sumner county, Middle Tennessee, but in the meanwhile pursued the study of medicine. He graduated at the University of Virginia in 1862, was employed as Hospital Surgeon till the close of the war, when, on going to New York, he secured a position in the Woman's Hospital of that city, remaining about a year.

He then entered into general practice, but came to Knoxville in 1869, where he commenced practice, making a specialty of diseases of women.

Dr. MOSES was successful in his chosen department, and very many in this and adjoining States will remember, with gratitude, both his kind attentions and his signal success in delivering them of distressing maladies.

The loss of Dr. MOSES will be appreciated by his professional confreres, many of whom feel that his place cannot easily be filled. B.

Knoxville, Tenn., June, 1873.

MARRIAGES.

CORTLEYOU—CHASE.—April 15th, at the residence of the bride's parents, in Brooklyn, by Rev. J. P. Duryea, P. E. Cortleyou, M. D., and Julia F. Chase, daughter of Selden Chase, all of Brooklyn.

BLAKE—STOW.—By Rev. R. M. Brown, at the residence of Mrs. A. F. Stow, Cincinnati, O., May 27th. John E. Blake, M. D., of Tionesta, Pa., and Miss Ella Stow, of Cincinnati, Ohio.

ENSIGN—WICKES.—At home, Orange, N. J., June 25th, by Rev. Eldridge Mix, Charles K. Ensign and Tillie Van Sinderen, daughter of Stephen Wickes, M. D.

HEDGES—HIGGINS.—In New York, June 25th, at the Broadway Tabernacle, by Rev. Wm. T. Taylor, D. D., D. A. Hedges, M.D., and Fannie A. Higgins.

PEARCE—KELLER.—June 17th, 1873, at the residence of the bride's mother, by A. C. Deuel, Dr. H. C. Pearce and Miss B. A. Keller, all of Urbana, Ohio.

SAXTON—LANDENBERGER.—In this city, on the 1st inst., by the Rev. J. Y. Mitchell, at Temple Presbyterian Church, Dr. J. Logan Saxton and Miss Tillie Landenberger, both of this city.

DEATHS.

BRIM.—At his father's residence, near Dahlgone, Iowa, Dr. Webster Brim, of phthisis, May 31st, 1873. A very highly esteemed and promising physician.

CLEMENT.—In Norwich, Vermont, June 20th, at the residence of his father, Rev. Dr. Jonathan Clement, John P. Clement, M. D., aged 48 years.

DIVAN.—In Cincinnati, June 23th, Dr. C. P. Divan, aged 28 years.

GWYNN.—In this city, on the 4th inst., William Gwynn, M.D., son of Francis and Susan Gwynn.

MCCOOK.—At New Lisbon, Ohio, June 23d, Dr. Geo. McCook, aged 79 years, recently of Pittsburg, Pa.

MANN.—In this city, on the 1st inst., Catharine K., wife of William M. Mann, M.D.

OLIVER.—In New Orleans, June 2d, 1873, of congestion of the brain, Dr. A. J. Oliver, aged about 36 years.

SELLERS.—On the 1st inst., at Chicago, Ill., Jesse S. Z. Sellers, M.D., formerly of this city, aged 45 years.

STEVENSON.—At her home, at Midway, Pa., June 7th, Mrs. Mary Rebecca, wife of Dr. A. C. Stevenson, and daughter of Wm. Lindsay, in the 26th year of her age.

WILLIAMS.—At Bloomingdale, N. Y., on Thursday, June 25th, Abraham Valentine Williams, son of the late A. V. Williams, M. D., in the 25th year of his age.